

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A00000001107

1. Entity Name

LYONS CORPORATE PARK, LLLP



Principal Place of Business

4100 NORTH POWERLINE ROAD, SUITE B-2
POMPAÑO BEACH FL 33073

Mailing Address

4100 NORTH POWERLINE ROAD, SUITE B-2
POMPAÑO BEACH FL 33073



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/07)

4. FEI Number

65-0403329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASSER, LEE S
4100 NORTH POWERLINE ROAD, SUITE B-2
POMPAÑO BEACH FL 33073

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

DATE

FILE NOW!!! Fee is \$500.* After May 1, 2008, fee will be \$900.*** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	LASSER, LEE S TRUSTEE	4100 NORTH POWERLINE ROAD, SUITE B-2	POMPAÑO BEACH FL 33073
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	829927 FERRERA, MICHELE TRUSTEE	6601 LYONS ROAD, C-1	COCONUT CREEK FL 33073
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	829927 FERRERA, MICHAEL J TRUSTEE	6601 LYONS ROAD, C-1	COCONUT CREEK FL 33073
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	829927 FERRERA, AUGUSTINE TRUSTEE	6601 LYONS ROAD, C-1	COCONUT CREEK FL 33073
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

Lee S. Lasser, Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/21/08 (934) 975-0055

Date Electronic Phone #

STAPLE CHECK HERE